

Training Requests

MCIEAST activities may use the DD Form 1556, Request, Authorization, Agreement, Certification of Training and Reimbursement, to obtain commercial training, using the Government Commercial Purchase Card (GCPC) as a method of payment up to \$25,000. The following provides specific details regarding the securing and payment of Commercial Training:

- 1) Training is categorized as commercial if available for off-the-shelf events, conferences or instructional services available to the general public and are priced the same for all attendees. Training that is developed to meet individual requirements is NOT considered to be commercial and must be processed through the MCIEAST Contracting Office.
- 2) Vendors should have a published list of the training classes and prices for training to be labeled "commercial."
- 3) Payment for Commercial Training shall be made via the Government Commercial Purchase Card (GCPC) up to a maximum threshold of \$25,000 per session. No single training event exceeding \$25,000 may be secured using the GCPC as a method of payment.
- 4) The GCPC cardholders must contact the MCIEAST Contracting Department to obtain ADVANCE authorization to utilize the GCPC for commercial training requirements up to \$25,000. ADDITIONALLY, page one of the completed DD Form 1556 form MUST be reviewed and approved as a Commercial Training requirement by MCIEAST Contracting PRIOR to execution of the GCPC payment to the vendor.

All obligations must be recorded in the activity's financial system prior to issuing the DD Form 1556. The training officer must ensure that Block 27 of the DD Form 1556 reflects that payment will be made utilizing the GCPC.

Training officers must use their discretion and make the determination if the training is severable into separate sessions or non-severable as a single session. Each severable session requires use of a DD Form 1556. If proposed training is one non-severable event and exceeds the \$25,000 threshold, the requirement must be forwarded to the Contracting Department for execution subject to Federal Acquisition Regulations. Examples of severable, separate training sessions are sessions with a different subject matter each day and/or different attendees. The vendor must invoice each session separately.

A sample completed DD Form 1556 is provided, as well as instructions for completion.

For further information please contact the MCIEAST Contracting Office at 451-5520.

References:

UNSECDF (P&R) memo dtd 25 Sep 98
Cdr Naval Supply Systems Command memo dtd 23 Feb 99
NAVSUPINST 4200.85D, Enclosure 2, p. 62
NAVSUPINST 4200.99

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)	B. STANDARD DOCUMENT NUMBER <i>(Org. identifier/FY/Doc./type code/Serial Number)</i> BUYER ID NUMBER	C. REQUEST STATUS OR PROCESS CODE (X one) <table style="width: 100%;"> <tr> <td>(1) Initial</td> <td>(2) Resubmission</td> </tr> <tr> <td>(3) Correction</td> <td>(4) Cancellation</td> </tr> </table>	(1) Initial	(2) Resubmission	(3) Correction	(4) Cancellation	D. AMENDMENT NO.
(1) Initial	(2) Resubmission						
(3) Correction	(4) Cancellation						

SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial) Doe John D or Roster Attached	2. 1st 5 LETTERS OF LAST NAME DOEJD	3. SOCIAL SECURITY NUMBER 910-45-7851	4. ED. LEVEL 00	5. CONTINUOUS FEDERAL SVC. a. Years 22 b. Months 0
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional) BLDG 1116 CAMP LEJEUNE NC 28547	7. TELEPHONE NUMBERS (Include area code) a. Home (910) 451-7850 b. Office		8. POSITION TITLE CONTRACTING WRITER	
11. ORGANIZATION NAME CONTRACTING DEPARTMENT	(1) Commercial (2) DSN		9. POSITION LEVEL (X one) a. Executive b. Manager	
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code) POB 8368 CAMP LEJEUNE NC 28547	13. ORGANIZATION UIC MMG506		10. PAY PLAN/SERIES/GRADE/STEP <i>(Rank/MOS/AFSC/or Navy Designator)</i>	
	16. ARE YOU HANDICAPPED OR DISABLED? (X one) Yes No		14. TYPE OF APPOINTMENT 1 15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS	
			c. Supervisory d. Non-Supervisory e. Other (Specify)	

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE OBJECTIVE WRITING			
18. TRAINING OBJECTIVES (Benefits to be derived by the Government) TEACH INDIVIDUAL TO WRITE OBJECTIVELY		19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY	
		a. Name WRITING TRAINING CENTER b. Mailing Address (Include ZIP Code) 01 CANDO ROAD JACKSONVILLE NC 28540	
20. COURSE CODES		c. Location of Training Site (If other than 19b) WRITING TRAINING CENTER	
a. Purpose	f. Security Clearance	k. Training Program	
b. Type	g. Allocation Status	l. Reason for Selection	
c. Source	h. Priority	21. COURSE HOURS (4 digits) a. Duty 16	
d. Special Interest	i. Training Level	22. COURSE IDENTIFIERS a. SAID	
e. Training Vendor	j. Method of Training	b. Catalog/Course No.	
23. TRAINING PERIOD (YYYYMMDD) a. Start 20062706 b. Complete 20062806		c. TOTAL 16 c. Offering/TLN	

SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>			
25. DIRECT COSTS		26. INDIRECT COSTS (For information only)	
a. Tuition cost \$15000.00	a. Travel cost	27. ACCOUNTING CLASSIFICATION FIP MMG506PURCHASECARDJD00005	
b. Books, material, other costs	b. Per diem/other costs	PURCHASE CARD PAYMENT	
c. Total direct costs \$15000.00	c. Total indirect costs \$0.00	29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) COMPTROLLER	
d. Funding source	28. LABOR COSTS	30. TOTAL OF DIRECT & INDIRECT COSTS \$15000.00	
31. JOB ORDER NO.			

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.		33. TRAINING OFFICER: I certify this training meets regulatory requirements.	
a. Typed Name (Last, First, Middle Initial) REQUESTOR SUPERVISOR	b. Phone Number (Include area code) (910) 451-0000	a. Typed Name (Last, First, Middle Initial) CERTIFICATION REQUIRED	b. Phone Number (Include area code) (910) 451-0000
c. Signature & Title	d. Date (YYYYMMDD)	c. Signature & Title	d. Date (YYYYMMDD)
34. AUTHORIZING OFFICIAL		35. COURSE ACCEPTANCE (To be completed by school official)	
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved	b. Typed Name (Last, First, Middle Initial) HA OR DESIGNATED REP	a. Accepted <input type="checkbox"/> b. Not Accepted <input type="checkbox"/>	c. School Official Signature d. Date (YYYYMMDD)
d. Signature & Title	e. Date (YYYYMMDD)	36. COURSE COMPLETION (To be completed by school official)	
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to:		a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/> b. Actual Completion Date (YYYYMMDD) c. Grade d. Signature & Title e. Date (YYYYMMDD)	
		38. CERTIFYING GOVERNMENT OFFICIAL	
		a. I certify that this account is correct and proper for payment in the amount of: \$	
		b. Signature & Title APPROVING OFFICIAL c. Date Signed (YYYYMMDD)	
		d. DSSN Number e. Check Number f. Voucher Number	

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.

**DD FORM 1556 -
REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

PRINCIPAL PURPOSE(S): To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

GENERAL INSTRUCTIONS

This is a multi-purpose form. It will be used for all training incidents. Specific guidelines for data input will be set by each DoD component. Data required by the Office of Personnel Management.

COPY DISTRIBUTION

Copy 1: File in the training/personnel folder.

Copy 2: For Agency ADP System.

Copy 3: Give vendor to nominate employee.

Copy 4: Give vendor as the obligation for approved costs.

Copy 5: Give vendor to return to confirm nomination status.

Copy 6: Give finance office to authorize payments.

Copy 7: Give finance office to authorize any separate payments for books, material or other costs.

Copy 8: Give employee.

Copy 9: Use to evaluate training.

Copy 10: Keep at originating office.

COMPLETION INSTRUCTIONS

Item A - May be found in items 33 and 35 of Standard Form 50, "Notification of Personnel Action," when/if required.

Item B - Follow DoD component instructions.

Item C - Follow local procedures. Normally X beside "initial."

Item D - If this is an amendment, enter number.

SECTION A - TRAINEE / APPLICANT INFORMATION

Item 1 - Fill in trainee's name. If more than one nominee, list on separate sheet.

Item 2 - Enter first five letters of trainee's last name.

Item 3 - Enter trainee's Social Security number.

Item 4 - Enter appropriate code for trainee's educational level.

- | | |
|---|----------------------------|
| 00 - Not applicable | 11 - 3 years of college |
| 01 - No formal or some elementary | 12 - 4 years of college |
| 02 - Elementary graduate | 13 - Bachelor Degree |
| 03 - Some high school | 14 - Post Bachelor |
| 04 - High school graduate or certificate of equivalency | 15 - 1st Professional |
| 05 - Terminal Occupational Program (TOP) | 16 - Post 1st Professional |
| 06 - TOP Certificate | 17 - Master Degree |
| 07 - Started college | 18 - Post Master |
| 08 - 1 year of college | 19 - 6th year Degree |
| 09 - 2 years of college | 20 - Post 6th year |
| 10 - Associate Degree | 21 - Doctorate Degree |
| | 22 - Post Doctorate |

Item 5 - Enter years and months of continuous Federal Government service.

Item 6 - Follow local procedures.

Item 7 - Follow local procedures.

Item 8 - Self-explanatory.

Item 9 - Self-explanatory.

Item 10 - Self-explanatory.

Item 11 - Enter trainee's organization name.

Item 12 - Enter trainee's organization mailing address.

Item 13 - Enter submitting organization's six digit unit identification code (UIC). *(See DoD component instructions.)*

Item 14 - Enter appropriate code or abbreviation.

- | | |
|-------------------------|--------------------|
| CC - Career Conditional | 1 - Regular |
| C - Career | 2 - Reserve |
| T - Temporary | 3 - National Guard |
| E - Excepted | I - Intermittent |

Item 15 - To be computed and filled in by the nominating training office.

Item 16 - Self-explanatory

SECTION B - TRAINING COURSE DATA

Items 17, 18, and 19 - Self explanatory.

Item 20 - Course Codes. See back.

Item 21 - Total hours are determined by multiplying hours attended per week by the number of weeks of the course. Duty and non-duty hours are self-explanatory. Enter one hour or more; round fractions up.

Item 22a - Follow DoD component instruction.

Item 22b - Enter training source catalog/course ID number.

Item 22c - Follow local procedures.

Items 23a & b - Enter in year, month, day sequence the course dates *(In YYYYMMDD format, e.g., June 15, 2000 would be entered as 20000615).*

DD FORM 1556 INSTRUCTIONS (Continued)**SECTION B - TRAINING COURSE DATA (Continued)**

Item 20 - COURSE CODES - Enter appropriate codes from those listed below.

A - PURPOSE

- | | |
|---------------------------------|-----------------------------------|
| 1 - Mission or program change | 5 - Meet future staffing needs |
| 2 - New technology | 6 - Develop unavailable skills |
| 3 - New work assignment | 7 - Trade or craft apprenticeship |
| 4 - Improve present performance | 8 - Orientation |
| | 9 - Adult basic education |

B - TYPE

- | | |
|---|-----------------------------|
| 1 - Executive and management | 5 - Specialty and technical |
| 2 - Supervisory | 6 - Clerical |
| 3 - Legal, medical, scientific or engineering | 7 - Trade or craft |
| 4 - Administration and analysis | 8 - Orientation |
| | 9 - Adult basic education |

C - SOURCE

- | | |
|---------------------|---|
| A - US Army | S - Defense Logistics Agency |
| D - Other DoD | 2 - Government-Interagency |
| F - US Air Force | 3 - Non-Government, designed for agency |
| M - US Marine Corps | 4 - Non-Government - off-shelf |
| N - US Navy | 5 - State or local Government |

D - SPECIAL INTEREST

- 0 - No special program 1 - Executive Development 2 - Supervision

E - TRAINING VENDOR

Follow DoD component instructions.

F - SECURITY CLEARANCE OF COURSE

- U - Unclassified C - Confidential S - Secret T - Top Secret

G - ALLOCATION STATUS

- 1 - Primary 2 - Alternate 3 - Space Available

H - PRIORITY

Enter priority 1, 2, or 3 in accordance with DoD Instruction 1400.25-M, chapter 410.

I - TRAINING LEVEL

- | | | |
|-----------------|------------------------|----------------------------|
| 1 - Elementary | 3 - Vocational/ | 4 - College, undergraduate |
| 2 - High School | Technical/Secretarial/ | 5 - College, graduate |
| | Business/Commercial/ | 6 - College, post graduate |
| | Administrative | |

J - METHOD OF TRAINING

- | | |
|----------------------------------|--------------------------|
| 1 - On-the-job training (formal) | 6 - Directed study |
| 2 - Rotation of work assignment | 7 - Classroom (resident) |
| 3 - Seminar (training) | 8 - Classroom (on site) |
| 4 - Conference/meeting/symposium | 9 - Test/Equivalency |
| 5 - Correspondence | |

K - TRAINING PROGRAM

Follow DoD component instructions.

L - REASON FOR SELECTION OF COURSE

- 1 - Quality of training
2 - Most cost effective
3 - Unique capability of training source
4 - Location
5 - Not available in Government
6 - Incidental to procurement of equipment
7 - Timeliness

SECTION C - COSTS AND BILLING INFORMATION

Item 24 - X if applicable.

Items 25a & b - Enter dollars and cents.

Item 25c - Sum of items 25a & b. *(See Note below)*

Item 25d - Follow DoD component instructions.

Items 26a & b - Enter dollars and cents.

Item 26c - Sum of items 26a & b. *(See Note below)*

Items 27 & 29 - For finance office use. Enter only one accounting classification on each DD 1556.

Items 28 & 31 - Follow local procedures.

Item 30 - Sum of items 25c & 26c.

Note: For a group, totals are for all trainees.

**SECTION D - APPROVALS/CONCURRENCE/
CERTIFICATION**

Item 32 - To be certified/signed by supervisor of trainee.

Item 33 - To be certified/signed by the official designated CPO Head of Training.

Item 34 - Follow local procedures.

Item 35 - School official complete, sign, date and return copy 5.

Item 36 - If course completed, enter date and grade; if not, return form with explanatory memo to Training Officer identified in item 33.

Items 37 & 38 - Follow local procedures.

SECTION E - TRAINEE AGREEMENT/CERTIFICATION
(Back of Copy 1)

The trainee (applicant) must read and understand the statements contained in this section. If there are any questions, please contact the nominating activity Training Office.

Item 38f - To be completed by nominating Training Office.

Item 39 - To be signed and dated by employee nominated for non-government training.

SECTION F - TRAINING VENDOR
(Back of Copies 3, 4 & 5)

Items 40 & 43 - Instructions on back of copy 3.

Item 44 - Back of Copy 5 - Mailing Address Nominating Agency - To be filled in by nominating Training Office.

SECTION G - FINANCE
(Back of Copies 6 & 7)

Items 45, 46, or 47 as appropriate, filled in by the nominating activity Training Office.

SECTION H - EVALUATION
(Copy 9)

To be completed by trainee and immediate supervisor after training is completed *(following agency instructions)*.